A midwife's guide to professional boundaries

Nursing and Midwifery Board of Australia

This is a companion document to the Codes of ethics and professional conduct for nurses

Introduction

The *Code of professional conduct for midwives / Code of ethics for midwives* set minimum standards that midwives are expected to uphold both within and outside of professional domains in order to ensure the 'good standing' of the profession in Australia. These two companion codes, together with other published practice standards (e.g. competency standards, decision making frameworks, direction and delegation guidelines and position statements) provide a framework for legally and professionally accountable and responsible midwifery practice in all clinical, management, education and research domains, in Australia.

These guidelines are designed to be read in conjunction with the above codes and provide more detailed guidance in relation to the sometimes challenging area of managing professional boundaries; that is, identifying and differentiating the boundaries between professional relationships and personal relationships with women and their families.

In providing this guidance the aim is to protect the community by helping to prevent distress, confusion or harm to women, their infant(s) and families being cared for by midwives. It is intended this resource will stimulate reflection, generate discussion and guide decision making in all aspects of the partnerships that are established between midwives and women, their infants and families, in all practice settings.

The background discussion document that is the companion document to these guidelines includes more detailed information, stories and scenarios that give examples of situations that highlight potential and real dilemmas for midwives and the boundaries in professional relationships. The professional boundaries guidelines should be considered in conjunction with the Code of professional conduct for midwives in Australia and the *Code of ethics for midwives in Australia*.

For midwives who also practise as nurses a separate but consistent set of guidelines has been developed for nurses to complement the equivalent codes of professional conduct and ethics for nurses in Australia.

Contemporary midwifery practice

Midwifery means to be 'with women'. Modern midwifery is based on a partnership whereby a woman brings her knowledge of herself and her body and the midwife brings knowledge and skills regarding pregnancy and birth[3]. Each relationship that a woman has, in each setting will be different.

The Nursing and Midwifery Board of Australia (National Board) National competency standards for the midwife has as its overarching framework—woman centred care. Woman-centred care is the foundation of midwifery practice and is a concept that implies that midwifery care includes a focus on the woman's individual, unique needs, expectations and aspirations and recognises the woman's right to self determination in terms of choice, control, and continuity of care.

Maternity Reform

Currently 97% of women in Australia give birth in hospital[4]. Maternity services in Australia are evolving at a significant pace. The report of the Maternity Services Review, 2009, Improving Maternity Services in Australia[5], supports improved choice and the availability of a range of models of maternity care for Australian women requiring maternity care by supporting an expanded role for midwives. The Review was the catalyst for changes in the 2009 federal budget to support Medicare Benefits Schedule and Pharmaceutical Benefits Scheme benefits for services provided by eligible midwives.

It is likely that reform of maternity services will continue and that there may be an increase in midwives working in private practice, contracted by women. There is also pressure to increase women's access to continuity of midwifery care in the public healthcare sector.

These guidelines have been developed in the knowledge that the profession of midwifery is a separate and distinct profession from nursing. These guidelines also recognise that while continuity of midwifery care, based in a midwifery partnership, between the woman and the midwife is recognised as international best practice—the majority of Australian midwives are working in team environments in hospitals where they may not have the opportunity to provide continuity of midwifery care.

What are professional boundaries?

The Code of professional conduct for midwives in Australia defines professional boundaries as:

> *the limits of a relationship between a midwife and the woman and her infant(s) and any of the woman's significant other persons. These limits facilitate safe and appropriate practice and result in safe and effective midwifery care. Limits of a relationship may include under-or over-involvement in the provision of midwifery care (pg14).*

As noted much midwifery care takes place in the context of the woman-midwife partnership. A midwife enters this relationship with skills and knowledge both professional and specific to the woman and her family; and the authority to provide the care required by the woman and her infant(s). Midwives and women are considered equal in a partnership model. The woman is considered the 'expert' for herself, her body and her baby. Midwives provide professional input to assist the woman in many aspects of self care. Both partners have 'expertise' and bring this equally to the woman-midwife partnership flowing from the woman not the midwife.

Women are equal partners in seeking a midwife for their maternity care and each woman retains control, choice and self-determination. Midwives are professionals who work with women to achieve their choices in a collaborative partnership.

As stated previously, a period of change is occurring in the midwifery profession within Australia. In situations where the woman-midwife partnership may not be apparent within midwifery, there can be an acknowledged power imbalance present in a professional relationship that places each woman, their infant(s) and family in a position of potential vulnerability and of potential exposure to exploitation or abuse if that trust is not respected. The trust placed in the midwife by the woman and her family is essential to enable the midwife to provide comprehensive, effective and supportive care to the woman, their infant(s) and family. Maintaining that level of trust is the responsibility of all midwives. This means the midwife takes responsibility for and is accountable for maintaining professional and personal boundaries as well as assisting colleagues and the women in their care, in maintaining theirs.

The principles that are inherent in the partnership model between a woman and a midwife are:

- individual negotiation,
- equality,
- share responsibility,
- empowerment, and
- informed choice and consent

Figure 14.5 in Pairman, Pincombe, Thorogood and Tracy 2006 p 250

A diagram representing a continuum of professional behaviour conceptualises the potential relationship between the midwife and each woman in their care.[6]

A continuum of professional behavior

Midwife-woman relationship can be plotted on the continuum of professional behaviour

Adapted from: National Council of State Boards of Nursing (2004)

The 'zone of helpfulness' describes the centre of a continuum of professional behaviour. This zone is where the majority of interactions between a midwife and a woman and her infant(s) and family should occur to enable the midwife to provide effective and safe maternity care. Boundary crossings can occur at either end of the therapeutic relationship (that occurs in the 'zone of helpfulness') with 'over-' and 'under-' involvement as the two extremes of the professional behaviour continuum.

'Over involvement' (as per the above definition of professional boundaries) of a midwife with a woman, her infant(s) in their care and their family is to the right side of the continuum. This includes boundary crossings, boundary violations, and inappropriate relationships with the woman, her partner or family by the midwife. In very rare cases this may involve sexual abuse.

'Under involvement' (as per the above definition of professional boundaries) lies on the left side of the continuum. This includes behaviour that exhibits distancing, disinterest, coldness and neglect. This behaviour by the midwife is also likely to be detrimental to the woman, her infant(s) in the midwife's care and their family. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead it is a gradual transition with 'fuzzy' edges.[7]

Midwives must always obtain informed consent from women in their care prior to undertaking any therapeutic, professional interaction with the woman or her infant(s).

While under involvement behaviours can be seen also as boundary issues, in regulatory terms, these behaviours tend to be reported to and dealt with by the National Board as professional misconduct issues. For this reason they are not discussed here in detail as the focus of the document is on the over-involvement end of the continuum. The context in which professional relationships and woman-midwife partnerships take place is highly relevant when considering professional boundaries. Context refers to the environment in

which midwifery is practised, and which in turn influences that practice. It includes:

- the model of care, whether the midwife is employed in a hospital labour ward or working in private practice home, community, hospitals, clinics or health units
- the characteristics of the woman and the complexity of care required by her and her infant
- whether the relationship is for only one pregnancy or for a much longer period over successive pregnancies
- the amount of clinical support and/or supervision that is available
- the resources that are available, including the staff skill mix and level of access to other health care professionals. (adapted from DMF)

Conduct Statement 8 sums up the responsibility of midwives in regards to professional boundaries as:

Midwives have a responsibility to maintain professional boundaries between themselves and each woman and her infant(s) being cared for, and between themselves and other persons, such as fathers (of the infant(s)), partners, family and friends, nominated by the woman to be involved in her care.

> *Within the partnership model, the woman is assumed to be self determining and therefore makes choices around how the relationship with the midwife evolves. Over-involvement in a woman's care must be considered within the context of the partnership model. Level of involvement must be considered in the context of single or limited contact between a woman and a midwife or whether the partnership occurs for the duration of pregnancy and over a number of pregnancies.*

The diagram on the following page outlines some guiding principles for safe, professional practice. The placing of the groups of principles within a larger box entitled 'context' emphasises that that the principles are influenced by the context in which the situation takes place.

Guiding principles for safe, professional practice[8]

Care relationships

- The priority for midwives is an equal partnership in care for the woman and midwife.
- Midwives do not withhold care from a woman or their infant(s) as a punishment and recognise that any intent to cause pain or suffering as a retaliatory action in response to the behaviour of a woman in their care is improper and would be regarded by regulatory bodies as unprofessional conduct.
- Midwives reflect on their own needs, behaviours, values and attitudes and beliefs and are conscious of their potential impact in their partnership with women and infants.
- Midwives are aware that influencing or coercing a woman's compliance is an abuse of power.
- Midwives work in partnership with women to develop appropriate midwifery care and are aware of and have the ability to account to the woman and the profession the purpose of their actions.
- Midwives are aware of their own and a woman in their care's response to touch, other personal contact or invasion of personal space and responds appropriately to these responses.

Access to or the disclosure of information

- Midwives treat personal information obtained in a professional capacity as confidential; and do not use confidential information or their position of power to advantage themselves in any way.
- Midwives carefully consider their motives for disclosing personal information. Self-disclosure is limited to revealing information that has care value and only occurs within an established woman-midwife partnership

Dual relationships & boundaries

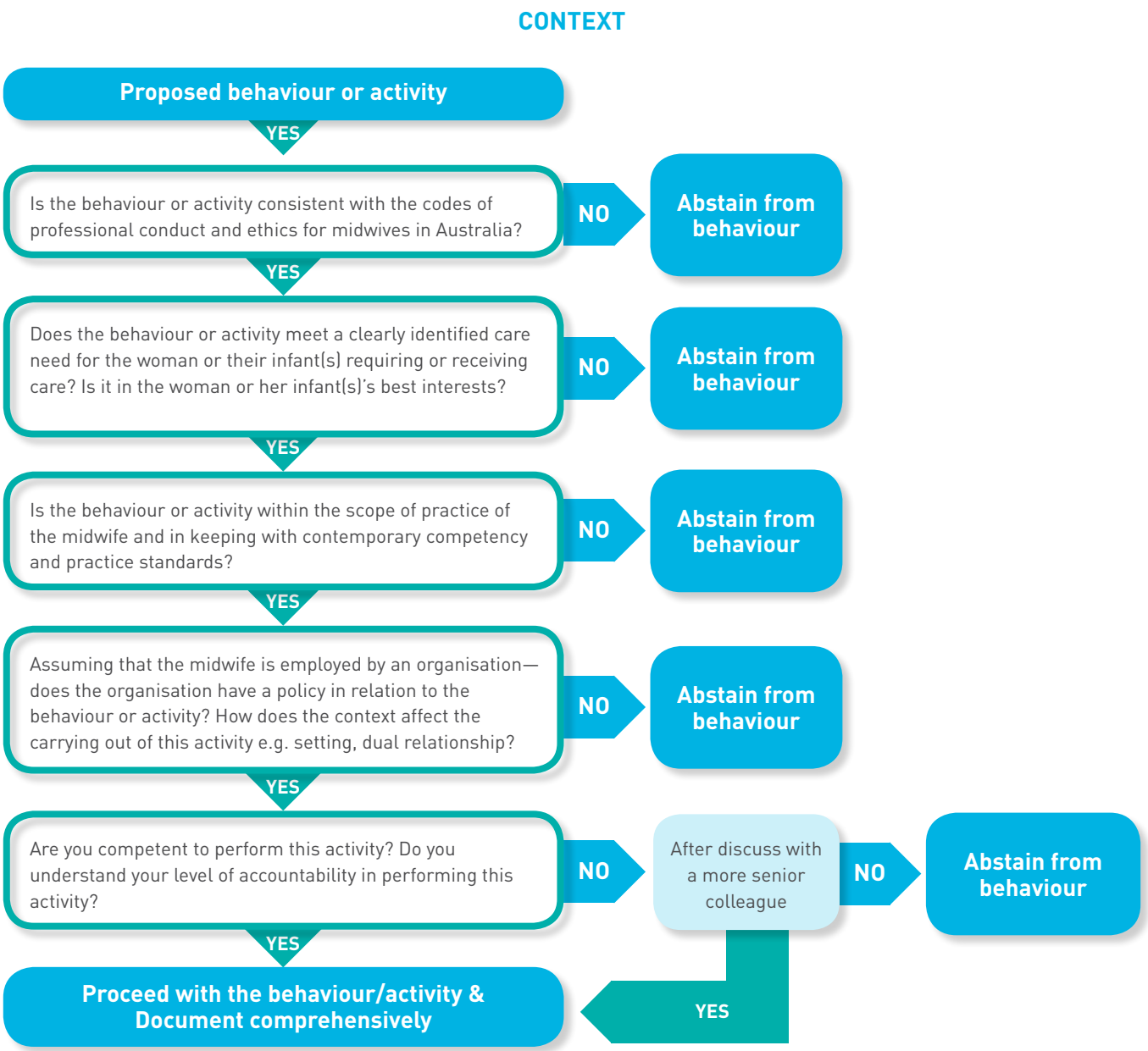
- Midwives fulfill roles outside the professional role, including those as family members, friends and community members. Midwives are aware that dual relationships may compromise midwifery care outcomes and always conduct professional relationships with the primary intent of benefit for the woman and her infant(s). Midwives take care when giving professional advice to a woman, her partner or another person with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest. (Competency Standard 8 Pt 5).
- Midwives should not be forced to provide midwifery care to a woman with whom they have a pre-existing non-professional relationship. Reassignment of the woman to other midwives for care should be sought appropriately. (Competency Standard 8).
- Midwives establish and maintain the boundaries in their professional relationships with women receiving maternity care; and where necessary communicate these to that woman.
- Midwives recognise variables such as the care setting, community influences, the needs of the women and the nature of the midwifery care they require affect the delineation of boundaries and respond accordingly.

- Midwives understand the complexities, if personal relationships develop once professional relationships end, as the woman may need additional midwifery care for future pregnancies making it difficult to determine when the professional relationship is truly concluded.
- Midwives examine any boundary crossing, and are aware of the potential implications, avoiding repeated crossings.
- Midwives seek support and guidance from professional leaders when they have concerns relating to boundaries in care relationships.

Gifts, services & financial relations

- Midwives recognise that involvement in financial transactions (other than in a contract for the provision of services) and the receipt of anything other than 'token gifts' within professional relationships with each woman in their care is likely to compromise the professional relationship.

Decision making tool—professional relationships[9]



Questions for reflection

- Is the midwife doing something the woman or her family needs to learn to do for themselves?
- Whose needs are being met— the woman's or the midwife's?
- Will performing this activity cause confusion regarding the midwife's role?
- Is the behaviour such that the midwife will feel comfortable in their colleagues knowing they had engaged in this activity, behaved in this way with a woman in their care?

Q & A—professional relationships[10]

How can a midwife identify a potential boundary violation?

Some behavioural indicators can alert midwives to potential boundary issues, in their actions or the actions of others, for which there may be reasonable explanations. However, midwives who display one or more of the following behaviours should examine their professional relationships for possible boundary crossings or violations. The context in which care is being provided (i.e. continuity of care, team midwifery, hospital maternity care) must be taken into consideration when considering elements of care.

Excessive self-disclosure→ The midwife discusses personal problems or aspects of their intimate life with a woman or a family member of the woman for whom they are caring.

'Super midwife' behaviour→ The midwife believes that they are immune from fostering a non-professional relationship and that only they understand and can meet the woman's, her infant's and family's needs. This statement acknowledges that in certain circumstances it may be absolutely accurate to state that the midwife does understand the needs of the woman, her baby and her family better than any other professional involved in the woman's care.

Singled-out treatment or woman paying attention to the midwife→ The hospital based midwife visits the woman when off-duty or swaps roster allocations to be with the woman. This form of treatment may also be reversed, with the woman paying special attention to the midwife[i].

Selective communication→ The midwife gives incomplete or partial information about aspects of a woman and her infant's care to colleagues, reports only some aspects of the behaviour of the woman in their care or gives 'double messages'[ii].

Flirtations→ The midwife communicates in a flirtatious manner, perhaps employing sexual innuendo, off-colour jokes or offensive language to the woman, her family or others in her presence.

Failure to protect the woman in their care→ Failure to support or advocate for the safe care of the woman and her infant(s). May be failure to advocate for the woman in an instance where there is a question over the safety of care being given by other health professionals or an abuse of the woman and infants rights.

Sexual misconduct/assault→ The midwife acts on an attraction of a sexual nature for either the woman or her partner or member of her family.

i Women experiencing continuity of midwifery care from a named midwife are likely to have a preference for care being provided by this named midwife. This is appropriate to continuity of care and the relationship between a woman experiencing care from a named midwife is not to be confused with a boundary violation.

ii Consent must be obtained prior to provision of information.

What are some of the midwifery practice implications of professional boundaries?

Midwives need to practice in a manner consistent with the Code of professional conduct for midwives in Australia and the Code of ethics for midwives in Australia and other relevant professional standards. Midwives should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries and conclude the relationships appropriately. This may be a permanent conclusion or it may be until the woman seeks the services of the midwife for another pregnancy. Midwives should examine any boundary-crossing behaviour and seek assistance and counsel from their colleagues and supervisors when such crossings occur.

What should a midwife do if confronted with possible boundary violations or sexual misconduct in a colleague?

Midwives need to be prepared to deal with possible boundary violations by any member of the health care team. The safety of women and their infant(s) must be the first priority. If a fellow midwife or member of the health care team's behaviour is ambiguous, or if the midwife is unsure of how to interpret a situation, the midwife should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Midwives should be familiar with reporting requirements, as well as the grounds for discipline under the health professional regulatory scheme, and they are expected to comply with the legal and ethical mandates for reporting.

What if a woman in the midwife's care or her partner or family offers the midwife, for example, taxi fare home from work or meal tickets which have been allocated to the woman?

The context of care must be considered in this situation. For example in a situation where midwives are working in a self employed capacity it is reasonable to receive taxi fares etc. However in a situation where a midwife is caring for a woman for one shift there are two issues. Firstly the midwife may have been inappropriately disclosing personal information about their private circumstances while providing care to the women which has led to this offer and is inconsistent with the professional conduct of a midwife. Secondly, the acceptance by a midwife of money (other than that in a contract for provision of services) or goods (other than token gifts) in kind from a woman in their care is inappropriate in all circumstances.

Acceptable gifts

Where midwives work in organisations consideration should be given to the development of policy in relation to gifts. Individual organisational policy should decide the value at which items need to be officially declared. Gifts such as chocolates or flowers are generally acceptable. The process of declaring gifts received prompts midwives to consider the issue of gifts and professional conduct and acts as a stimulus to discussion around what is appropriate and what is not.

References

1 Nursing and Midwifery Board of Australia *Code of professional conduct for midwives*. Available at: www.nursingmidwiferyboard.gov.au

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3 Pairman S and McAra-Couper J (2006) in Pairman S, Pincombe J, Thorogood C and Tracy S, Midwifery Preparation for Practice. Elsevier. Sydney. P 246.

4 Laws PJ & Hilder L (2008) *Australia's Mothers and Babies 2006*. Perinatal statistics series no. 22. Cat. no. PER 46. Sydney: AIHW National Perinatal Statistics Unit.

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8 Code of professional conduct for midwives in Australia Canberra; Nursing and Midwifery Board of Australia, Australian Nursing Federation, Australian College of Midwives Inc (2008) *Code of Ethics for Midwives in Australia*, Canberra. Both available at: www.anmc.org.au; The University of Newcastle (2007) *A Project Report on the Development of ANMC Guidelines on Professional Boundaries for Nurses and Midwives;* and *Draft National Guidelines on Professional Boundaries for Nurses and Midwives*, October; and National Council of State Boards of Nursing (2007) *Professional Boundaries: A nurse's guide to the importance of appropriate professional boundaries*, Chicago, 4. Available at: www.ncsbn.org.

9 Adapted from: Nursing and Midwifery Board of Australia *A national framework for the development of decision-making tools for nursing and midwifery practice*; College of Registered Nurses of Nova Scotia (2002) *Guidelines for Nurse-Client Relationships*, Halifax, 5; College of Nurses Ontario (2006) Practice Standard: *Therapeutic Nurse-Client Relationship*, Toronto, 11.

10 Adapted from National Council of State Boards of Nursing (2007) Professional Boundaries: A nurse's guide to the importance of appropriate professional boundaries, Chicago, 6–9. Available at: www.ncsbn.org.

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